

T03000000690

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

789/2987/2928/671

Office Use Only



500018578255

FCIC (30)

05/16/03--01034--019 **87.50

(S)

S.P. part?

~~W03-14256~~

T03-690 ✓

RECEIVED
DIVISION OF REGISTRATIONS
03 JUN -5 PM 1:49



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

May 19, 2003

MELINDA GREEN
6463 AMBERJACK TERRACE
MARGATE, FL 33063

SUBJECT: FCIC
Ref. Number: W03000014256

We have received your document for FCIC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Because you have listed a business entity with only a fictitious name registration on file with this office, you must check the joint venture, general partnership, or other box found in #1(c) of Part I. If other is check, you must list a specific type of business entity.

You must list a more specific service in #2(a) in Part I of the application.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6918.

Nanette Causseaux
Corporate Specialist Supervisor

Letter Number: 403A00031018

APPLICATION FOR THE REGISTRATION OF A TRADEMARK OR SERVICE MARK

PURSUANT TO CHAPTER 495, FLORIDA STATUTES

**TO: Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314**

Name & address to whom acknowledgment should be sent:

Melinda Green

6463 Amberjack Terrace

Margate, FL 33063

(954) 974-3682

Daytime Telephone number

PART I

1. (a) Applicant's name: First Commercial Insurance Company

(b) Applicant's business address: 7900 NW 155th Street, 2nd Floor

Miami Lakes, FL 33016

City/State/Zip

(c) Applicant's telephone number: (800) 291-7776

☐ Individual

☒ Corporation

☐ Joint Venture

☐ Other:

☐ General Partnership

☐ Limited Partnership

☐ Union

If other than an individual,

(1) Florida registration number: ~~60377900017~~ P95-85760

(2) Domicile State: Florida

(3) Federal Employer Identification Number: 65-0616750

2. (a) If the mark to be registered is a service mark, the services in connection with which the mark is used:
(i.e., furniture moving services, diaper services, house painting services, etc.)

Workers Compensation, General Liability and Commercial Auto Insurance

(b) If the mark to be registered is a trademark, the goods in connection with which the mark is used:
(i.e., ladies sportswear, cat food, barbecue grills, shoe laces, etc.)

Not applicable

(c) The mode or manner in which the mark is used: (i.e., labels, decals, newspaper advertisements, brochures, etc.)

Labels, Letterhead, Brochures and other insurance services.

(Continued)

(d) The class(es) in which goods or services fall:

36-Insurance and Financial

PART II

1. Date first used by the applicant, predecessor, or a related company (must include month, day and year):

(a) Date first used anywhere: 09/16/2002 (b) Date first used in Florida: 09/16/2002

PART III

1. The mark to be registered is: (If logo/design is included, please give brief written description which must be 25 words or less.)

FCIC, no logo will be used at this time

English Translation

2. DISCLAIMER (if applicable)

NO CLAIM IS MADE TO THE EXCLUSIVE RIGHT TO USE THE TERM "

" APART FROM THE MARK AS SHOWN.

I, Michael Camilleri, being sworn, depose and say that I am the owner and the applicant herein, or that I am authorized to sign on behalf of the owner and applicant herein, and no other person except a related company has the right to use such mark in Florida either in the identical form or in such near resemblance as to be likely to deceive or confuse or to be mistaken therefor. I make this affidavit and verification on my/the applicant's behalf. I further acknowledge that I have read the application and know the contents thereof and that the facts stated herein are true and correct

Michael Camilleri

Typed or printed name of applicant

Applicant's signature or authorized person's signature
(List name and title)

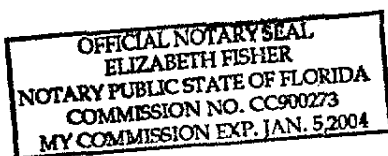
STATE OF Florida

COUNTY OF Palm Beach

On this 14th day of May, 2003, Michael Camilleri personally appeared before me,

☐ who is personally known to me ☐ whose identity I proved on the basis of

(Seal)



Elizabeth Fisher
Notary Public Signature

ELIZABETH FISHER
Notary's Printed Name

My Commission Expires: Jan 5, 2004

FEE: \$87.50 per class

FCIC

7900 NW 115TH STREET
2ND FLOOR
MIAMI LAKES, FL 33431

MICHAEL CAMILLERI

PHONE: (786) 621-3130
FAX: (786) 621-3144